5-16-05

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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ETITION FOR	EXTENSION OF	TIME	UNDER	37	CFR	1.136(a	ı)
	FY 2	005				•	

Docket Number (Optional)

(Fees pursuant to the Consolidated Appropriations	20195/0200609-US0			
Application Number 10/723,	309	Filed	November 26, 2	
For CIRCUIT ARRANGEMENT				
Art Unit 2816	Examiner	Tuan Thie	eu Lam	
This is a request under the provisions of 37 CFR dentified application.	1.136(a) to extend the	e period for filing	g a reply in the a	above
he requested extension and fee are as follows	(check time period des	sired and enter t	he appropriate	fee below)
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity \$60		
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	1,020.00
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
The Director has already been authorized The Director is hereby authorized to charge	_		credit any over	
Deposit Account Number 04-0100) I have enc	losed a duplicat	e copy or triis s	heet.
Deposit Account Number 04-0100) I have enc	losed a duplicat	e copy or triis s	heet.
Deposit Account Number 04-0100	entire interest. See 37	' CFR 3.71.		heet.
Deposit Account Number 04-0100 I am the applicant/inventor. assignee of record of the	entire interest. See 37 FR 3.73(b) is enclosed	7 CFR 3.71. d. (Form PTO/S	B/96).	heet.
Deposit Account Number 04-0100 I am the applicant/inventor. assignee of record of the Statement under 37 C	entire interest. See 37 FR 3.73(b) is enclosed d. Registration Numbe	7 CFR 3.71. d. (Form PTO/S	B/96).	heet.
Deposit Account Number 04-0100 I am the applicant/inventor. assignee of record of the Statement under 37 C x attorney or agent of record	entire interest. See 37 FR 3.73(b) is enclosed d. Registration Numbe 7 CFR 1.34.	7 CFR 3.71. d. (Form PTO/S	B/96).	heet.
Deposit Account Number 04-0100 I am the applicant/inventor. assignee of record of the Statement under 37 C x attorney or agent under 33 Registration number if active a	entire interest. See 37 FR 3.73(b) is enclosed d. Registration Numbe 7 CFR 1.34.	7 CFR 3.71. d. (Form PTO/S	SB/96). 06 May 12, 2005	heet.
Deposit Account Number 04-0100 I am the applicant/inventor. assignee of record of the Statement under 37 C x attorney or agent of record attorney or agent under 37 Registration number if active	entire interest. See 37 FR 3.73(b) is enclosed d. Registration Numbe 7 CFR 1.34.	7 CFR 3.71. d. (Form PTO/S er53,70	SB/96). 06	

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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004. Complete if Known				'n				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	nber	10/723,309			
FEE TRANSMITTAL			Filing Date			2003		
			First Named Inv	entor	Christian Pacha			
For FY 2005			Examiner Name	aminer Name T. T. Lam				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2816			
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. 20195/0200609-US0								
METHOD OF PAYMENT (check all that apply)								
x Check Credit Card Money Order Other (please identify):								
Deposit Account Dep	osit Account Numbe	er: <u>04-0100</u> De	posit Acc	ount Name:		Darby & Darby	P.C.	
For the above-iden	tified deposit a	ccount, the Di	ector is	hereby authorize	ed to: (che	ck all that apply)		
Charge fee(s) indicated belo	ow		Charge	e fee(s) in	dicated below, ex	cept for t	he filing fee
	additional fee(s 37 CFR 1.16 a		nent of	x Credit	any over	payments		
FEE CALCULATION								
1. BASIC FILING, SEARC								
		S FEES Small Entity	SEA	ARCH FEES	EXAMI	NATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Pald (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (include	-						50	25
Each independent claim ov		g Reissues)					200	100
Multiple dependent claims							360	180
-27 = x = <u>Fee (\$)</u> Fee Paid (\$)					<u> </u>			
Indep. Claims Extra	Claims Fe	ee (\$)	Fee P	Paid (\$)				
-3=	×	= _						
3. APPLICATION SIZE FE	_	1100 1			. ,,			
If the specification and dr listings under 37 CFR								٥
sheets or fraction there					OI SIIIGII V	minty) for each ac	aditional 5	·
	xtra Sheets			dditional 50 or frac	tion there	of Fee (\$)	Fee	Paid (\$)
- 100 =		/50		(round up to a who	le number)	x=	:	
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00					20.00			
SUBMITTED BY								
Signature	me N	Ind	2	Registration No. (Attorney/Agent)	53,706	Telephone	(212) 52	7-7700
Name (Print/Type) James N	. Tuozzo	1	1			Date	May 12	, 2005
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		V						

Express Mail Label No.	Dated:		
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